



## NORTH CAROLINA MEDICAID PHARMACY PROGRAM

### Six Prescription Limit Override Form

North Carolina Medicaid Recipients are allowed only six prescriptions per month unless they have one of the diagnoses below. If the attending physician determines that a recipient is eligible for the override, he must check all diagnoses that apply, complete the rest of the form and sign in his own handwriting.

- ☐ Acute Sickle Cell Disease
- ☐ Hemophilia
- ☐ End Stage Lung Disease
- ☐ End Stage Renal Disease
- ☐ Unstable Diabetes
- ☐ Chemotherapy or Radiation Therapy for Malignancy
- ☐ Any Life Threatening Illness or Terminal Stage of Any Illness

Recipient's Name \_\_\_\_\_

Recipient's MID Number \_\_\_\_\_

Facility \_\_\_\_\_  
(Fill out only if in nursing facility or adult care home)

Physician's Signature \_\_\_\_\_

Date \_\_\_\_\_

- \* THIS FORM MUST BE UPDATED EVERY SIX MONTHS IF THE RECIPIENT STILL QUALIFIES FOR THE SIX PRESCRIPTION OVERRIDE
- \* THIS IS THE ONLY ACCEPTED FORM AND MUST BE KEPT ON FILE IN THE PHARMACY AT ALL TIMES

**THIS FORM MAY BE REPRODUCED**